Note: This is sample template it is not an OMB approved form.

| approved form. |
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| Universal 911 Dialing- Second Transition Report |
| Please read instructions before completing |
| Section 1 |
| Carrier Identification Information |
| Parent Company Name |
| Central Oklahoma Telephone Co. |
| Service Provider Name |
| Central Oklahoma Telephone Co. |
| Company Address, City, State, Zip |
| 223 Broadway, P.O. Box 789 |
| Davenport, OK 74026 |
| |
| |
| Service Provider Type Wireless X Wireline |
| |
| Name(s) of Wireless License Holder(s) |
| |
| |
| Contact Name Steve Guest |
| Contact Tel # |
| 918-377-2241 |
| Fax # 918-377-2506 |
| |
| E-mail Address staff@cotc.net |
| Section 2 |
| Local Area 911 Implementation |
| List all individual local areas covered by this report (e.g., Lee County, Virginia): Towns of Agra, Davenport, Kendrick, Sparks, and Tryon in Lincoln County, Oklahoma. |
| Rural area in Payne County, Oklahoma. |
| Towns of Boley, Castle, and IXL in Okfuskee County, Oklahoma. |
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| For each area listed above, identify the emergency response point to which calls are now being routed. Lincoln County is being routed to the Lincoln County Sheriff's Office in Chandler, OK. Payne County is being routed to the lowa Tribe Police Office in Perkins, OK. Okfuskee County calls are being routed to the Okemah City 911 center. All calls are routed as Basic 911 calls. E911 is not available at this time. |
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| Section 3 Certification - To be signed by an authorized representative of the reporting entity |
| I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of Sept 16, 2002 . |
| |
| Signature |
| Printed name of authorized representative Steve Guest |
| Title Pres |
| Date Sept. 16, 2002 |
| This filling is: X original filling revised filling |
| |
| |
| PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001. |